	AFFLIC	Effective	vailable Copy October 1, 20	INATION R	ECORD				EUCKEI	Number
•	CLAIN	AS AS FI	LED - PART I	· · · · · · · · · · · · · · · · · · ·			108	28	145	:
TOTAL CLAIMS		(	(Column 1) (Column 2			MALL E	NTITY	OF	OT SMA	HER THA
FOR		- I	JMBER FILED	·	$-$   $\Gamma$	RATE	FEE			
TOTAL CHARGEABLE CLAIMS				NUMBER EXTR	A B	BASIC FEE		O OR BASIC		
INDEPENDENT CLAIMS			minus 20=  *		41	X\$ 9=		OR X\$1		<del></del>
	PENDENT CLA	IM PRESE	minus 3 =   ** RESENT		1 [	X43=		1		
						145=		OR	700:	
u rise amete	nce in column	1 is less th	less than zero, enter "0" in column 2		L	TOTAL		OR +290=		: :
·.	CLAIMS A	S AMEN	DED - PART	H		UIAL L		OR	TOTAL	L
<	(Column CLAIMS		(Column HIGHES		3) Si	MALL E	NTITY	OR	OTHE	R THAN L ENTITY
Total Independer	REMAININ	/ I	NUMBER PREVIOUS	PRESENT			ADDI-	1 1		ADDI
Total	AMENDME	Minus	PAID FOR	EXTRA	<u> </u>	ATE T	IONAL FEE		RATE	TIONA FEE
Independer	•	Minus	***	=	x:	9=		OR	X\$18=	1-755
FIRST PRE	SENTATION OF	MULTIPLE	DEPENDENT CL	AIM [7	- X	13=		OR	X86=	<del> </del>
					J +1	15=	•	-		<del> </del>
المارالم					L	OTAL :			+290= TOTAL	
71101	(Column 1		(Column 2	) (Column 3	ADDIT	FEE		OR AD	DIT. FEE	
	REMAINING AFTER	1	HIGHEST NUMBER PREVIOUSLY	PRESENT		Al	DDI-	Ė		ADDI
Total	AMENDMENT		PAID FOR	EXTRA	RA*		NAL EE		RATE	ADDI- TIONAL
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	1 1	MINUS MULTIPLE D	EPENDENT CLAI	=	X43			`` <b> </b> -		
			CI LINDENT CLAI	M [_]		┪┷	O	R	<86=	
					+145		OF	7 +2	290=	
	(Column 1)		(Column 2)	,	ADDIT. F	EE	OF	ADD	TOTAL IT. FEE	
	CLAIMS REMAINING	T	HIGHEST	(Column 3)	-			_		
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[otal	•	Minus	##	<del>  </del>		FE		L	ATE 1	TIONAL FEE
ndependent	*	Minus		= -	X\$ 9=		OR	X\$	18=	
RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					X43=		OR	X8	6=	
Optiv in column 4 to									===	_
e "Highest Number Previously Paid For" IN THIS SPACE is less than 3.							OR	+29		
Highest Numb	er Previously Paid	G For" IN THI For" (Total or	S SPACE is less that Independent) is the	n 3, enter "3."	ADDIT. FEE		IOR	T( ADDIT.	FEE	
0-675 (Rev. 10/0	3)			Onest Hambel 10	will in the a	ppropriate	box in gol	umn 1.		